	9695	STATE DEPARTM CERTIFICA					Reg. D	-0	9792	}
1. PLACE OF			1 2.	USUAL RESID	DENCE U	HOME) OF	DECEAS	SED:		
	Dorchester			Mass	yland		D.	rches	ter	
COUNTY CITY (If	outside corporate limita, w	MARYLAND rite RURAL LENGTH OF S	TAY	STATE PART	107	COUNT				st town)
S TOWN and	give nearest town) Cambridge	in this plac	e)	TOWN Ca	mbride	ge				13
HOSPITAL	ON OR	Maryland Hospita	ı	STREET ADDRESS	Hughle	ett	ive location	on)		1
3. NAME OF DECEASED (Type or P:		(Middle) n Will <b>ey</b> Abbott	(Last)			DATE (MO OF DEATH:	nth) 10	(Day)	(Ye	ar) 55
female	6. COLOR OR 7. SIN RACE: WII White (Sp	DOWED DIVORCED	pril 2	5, <b>1</b> 885	9. AGE 1	ast birthday yrs.	Months		Hours	Min.
work done deven if set	CCUPATION (Give kind of uring most of working life	or industry: Shirt Factory		BIRTHPLACE Lakesvill	e, Man	ryland.		2. CITI COL	ZEN OF INTRY? USA	TAHW
13. FATHER'S	NAME:		14.	MOTHER'S N	AAIDEN I	NAME:				
Hem	y Willey			Sarah						
	EVER IN U.S. ARMED FOR (.) (If Yee, give war or d of service)			rs. Charl			ambri Hughl			
		18. MEDICAL CERTIF	ICATION			*			ERVAL B	ETWEEN
		TLY LEADING TO DEATH		1 - 1	1	0	-	ON	SET AND	DEATH
	COX	(A) My	olar	dial >	refo	rolis	n	_/_	Ohien	uter
	DENT CAUSE (8)	(B) arleri	o-Sele	roxis 6	eine	ralice	d	5	528/	-
GIVING RISE	TO THE ABOVE CAUSE DERLYING CAUSE LAST	DUE TO	2. 1.8	In Pli	Pies	1		5	Ecs +	
	SNIFICANT CONDITION	S CONTRIBUTING //	i z 0	b p = n · K	14.			2	40.	
DISEASE C	R CONDITION CAUSIN	IG DEATH.	100	year,	N				FALL	
19A. DATE OF	OPERATION: 198. MA	AJOR FINDINGS OF OPER	ATION						O. AUTO	PSY1
OR CONTRIBUT	T WAS UNDERLYING THE	21B. PLACE (Home, farm OF INJURY atreet, office	"factory. bldg., etc.	21c. WHERE		ty_or town)	(Co	ounty)	(St	ate)
21D. TIME (Mo OF INJURY	nth) (Day) (Year) (Ho	wr) 21E INJURY OCCU While Not while M. at work at work	RRED 2	IF. HOW DID	INJURY	OCCURT				
22. I hereby	certify that I attend	ed the deceased from /	-28	19.55, to /	217	, 1957,	that I la	ast sav	w the de	ceased
alive on SIGNATUR	10-12 , 1918	, and that death occurre	d at/2:5	A.M. from	the caus	es and on	the da	te stat	ed abov	e.
23. BURIAL. REMOVAL BURIAL	LOTTE OF ICAN			or cremator		Cambr			yland.	(State)
DATE REC'D	BY LOCAL REGIST	BAR'S SIGNATURE	2   [	4. FUNERAL e Compte	Funera	R al Serv	ice.	Camb	poress ridge.	Md-

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BUREAU V. S.

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PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9775 CERTIFICATE OF DEATH

Reg. Dist. No. 793

×	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	1
legibly	COUNTY Boschesler MARYLAND	STATE Maryland COUNTY Con	oline
and le	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)		nd give nearest town)
clearly a	HOSPITAL OR INSTITUTION OR ZESTEM Store State Hopital	STREET (If rural give location) ADDRESS	05 x-2
death cl	DECEASED:	auchamps OF DEATH: 10 -	8 (Year) 19 5 5
of de	bocard   but the	-17-1875 80 yrs, Months Da	Hours Mln.
causes	OR USUAL OCCUPATION (Give kind of work done during most of working life. even if retired): Farmer Farm Guner	11. BIRTHPLACE (State or foreign country): 12.	COUNTRY!
e the	13. FATHER'S NAME: Beauchamf.	14. MOTHER'S MAIDEN NAME: Beixe Sullivan	_
e write	(Yes, no. of unk.) (If Yes, give war or dates of service)	20 tem 8 me State Hoge	Jal racord
: pleas	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TION	INTERVAL BETWEEN ONSET AND DEATH
Physicians	ANTECEDENT CAUSE (S)	ente social in a l'institution de la line	- 3
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)	ellica Asterioschiosis	10 41+
portant.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	<i>d</i>	
dui /	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATIO	N	20. AUTOPSYT
especially	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,		(State)
is esp	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	D 21F. HOW DID INJURY OCCUR?	
correct age i	22. I hereby certify that I attended the deceased from	5:30P, M, from the causes and on the date s  ADDRESS  A.D. Cambridge, Mal.	tated above. E SIGNED
CO		envior crematory   LOCATION (City, town, or cametery Federalsburg, M.	augurud
	DATE REC'D BY LOCAL MEGISTRAR'S SIGNATURE REGISTRAR  Oct. 62, 1955  Aug. 7. 0.	J. J. Framston & Son, Federal	burg, ht.

BUREAU V. S.

SSOT BY LING

	e correct
)	The Sign
1	carefully.
	PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important, Physicians: please write the causes of death clearly and legibly.
- be	of in
NI C	item ses o
RIN	cau
OK	ly e
2	Supp
MARGIN RESERVED FOR BIN	NK.
SS	IG II
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VS. A15A - 5 - 53

9696 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

#### MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 116

I. PLACE OF D	Dorcheste	r	MARYLA	מא	2. USUAL RESI	idence (E	HOME) OF	DECEAS TY DOT	ED:	ter	
CONTRACT OF STREET	ide corporate limits,	write RURAI	-	OF STAY	CITY (If our OR TOWN	atside corpo	rate limits				town)
	or Cambridg	and the second second	nd Hospit	al	STREET ADDRESS	Rural		ral, give l	ocation)	1	
3. NAME OF DECEASED: (Type or Print	(First) Perry		(Middle) Wesley		(Last) mble		DATE OF DEATH		31,1°		
5. SEX: Male	s. color or White	7. SINGLE, WIDOWE (Specify):	MARRIED, D. DIVORCED, Married	Feb.	of Birth: 2,1871		84	yrs. Mo	nthe De		Min.
10a. USUAL OC work done even if retin	CUPATION (Give during most of world): Retired	kind of 10b. ork life, Waternan	NIND OF BUS INDUSTRY: self emp	loyed	II. BIRTHP	LACE (Stops Hea		eign counts	ry): 12.	COUNTRY!	WILAT
13. FATHER'S N					14. MOTHER'S	MAIDEN	NAME:				
	George D	.Bramble			Mary	E.Moor	·e				
(Yes, no, or unk.	ED EVER IN U.S. ARM	ED FORCES ? 16	. Social Securit		I7. INFORMANT	& ADDR	ESS:	there i	tond A	44	
no	service) no		none		Mrs.J.Naan		18,D18	Bops I	read,	(0.6	
More stating und	]	(b) DUE TO		Occlus	sion		***************************************			5 hrs.	
TO THE DI	EATH BUT NOT CAU	RELATED T	O THE F		re left	r'enur		**********	**********	34 ds	iys
10/11/55	OPERATION: 19b.			Hi	p Pinnin					1	PSY1
21a. EXTERNAL PRIMARY OCAUSE OF DE 21d. TIME (Mont OF INJURY	CAUSE WAS r CONTRIBUTING ATH. th) (Day) (Year)	(Hour) 21e.	SCE (Home, famestreet, office URY OCCU While at work at	bldg., etc.,		oos He	ad I	(County)	eter	(State)	9
22. I hereby	certify that I to	ook charge o	of the remain	s describ	ed above, heldent [], Suice	d an Au	topsy   Homicid	e [], []  KAMINER  EXAMINE	Undeter	mined ca	use 🗌 .
23. BURIAL, CR		v.2,1955	Robinso		y or cremate Ly Cemeter	ry	OCATION Bisho	(City, tow		unty) (	State)
DATE REC'D	1955 REG	ISTRAK'S SIG	hace Y	. D.	24. FUNERAL Kenneth			mbride	e,Ma	ADDE	LESS
	U										



VS. A16A - 5 - 53

carefully. The correct and legibly.	
Supply every item of information write the causes of death clearly	
H UNFADING INK.	
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.	

97)6
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09705 Reg. Dist. No. 110

MEDICAL EXAMI	NER'S	CERTAINCEATHE	OF	DEATH	No.
---------------	-------	---------------	----	-------	-----

1. PLACE OF DE	ATH:		2. USUAL RESIDENC	E (HOME) OF DECEASED	4
COUNTY	D orchester	MARYLAND	STATE Maryla	nd county Dorch	ester
OR and give	de corporate limits, write RU nearest town)	RAL LENGTH OF STAY (in this place) 10 yrs.	CITY (If outside of OR TOWN Hurloc	corporate limits write RURA k— Rural	L and give nearest town)
HOSPITAL OR INSTITUTION STREET ADDR		R. F. D.	STREET ADDRESSAITLOC	k, Md. R. F. D.	tion) /
3. NAME OF DECEASED: (Type or Print	(First)	(Middle) Crawf	(Last)	4. DATE (Month) OF DEATH October	(Day) (Year) 17 155
5. SEX: Male	RACE: WIDO	WED. DEVORCED.	E OF BIRTH: 9.	AGE last birthday: IF UNI	DER I YEAR IF UNDER 24 HAS.
	CUPATION (Give kind of luring most of work life,	10b. KIND OF BUSINESS OF INDUSTRY:  - Phillips Co.		(State or foreign country)	U.S. A.
13. FATHER'S N	AME:	- intrapo ou	14. MOTHER'S MAID		
	Daniel C rawfor		Mary Ju	die	
	ED EVER IN U.S. ARMED FORCES T (If Yes, give war or dates of service)	10. DOCIND DECORAL TIOL	Mrs. Cecil Cra	wford, Hurlock,	Md. R. F. D.
giving rise to stating under the SIGN TO THE DE	cause (a) DUE TO Cause(s) Conditions, if any, (b) to the above cause Outplying cause last (c) IFICANT CONDITIONS CONTACT BUT NOT RELATED	TO THE	J		5 min
	PERATION: 19b. MAJOR I		<u> </u>		20. AUTOPSY? Yes ☐ No ✔
21a. EXTERNAL PRIMARY OF CAUSE OF DEA	CONTRIBUTING	PLACE (Home, farm, factor) OF street, office bldg., etc INJURY	7, 21c. (City or town	(County)	(State)
	h) (Day) (Year) (Hour) M.		21f. HOW DID IN	JURY OCCUR?	
find that	ertify that I took charge that resulted from: N	atural causes Acci	dent [], Suicide [] CHIEF DEPUT M. D. ASSIST.	Autopsy [], Inspection  , Homicide [], Un-   MEDICAL EXAMINER Y MEDICAL EXAMINER ANT MEDICAL EXAM.	n [X Inquiry ], and determined cause DATE SIGNED
23. BURLAL, CR REMOVAL C	Specify):   Oct. 22,19	of Name of CEMETE 955 Washington Ce	metery	Hurlock, Md.	
DEX 22	1955 Charle	SIGNATURE A STREET	J. J. Frampt	om and Son, Fede	ralsburg, Md.
		0			

ور. مین امر

φ. 11

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO HOSPITAL OR ATTENDING PHYSICIAN: The flow requires that the hospital or attending physician and completely filled in by the funeral director, by the funeral director, to prove the foruse of the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be delached with the please remove carbon papers. Pages I and 2 should be delached with the please remove carbon pages.

05066

BONDHOWER GOINE

### **CERTIFICATE OF DEATH**

na Diet No 116

					Made Dist	190,
1, PLACE OF DEATH		MARYLAN	a. STATE	Where deceased lived. If it	UNTY	
Dorcheste			rary.			nester
<ul> <li>b. CITY OR TOWN (If outside corpo RURAL and give nearest town)</li> </ul>		c. LENGTH OF STAY IN 1		(If outside corporate limits, )		ive nearest town)
Rural Cambridge			Ruz	ral Cambridge		
d. NAME OF HOSPITAL (If not in hi	ospital, give street o	oddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
Home			R.F.D.	3		YES NO
3. NAME OF DECEASED (Type or print)	First ROLAND	Middle	DATE.	4. DATE OF DEATH Oct	Month ober	Day Yeor 3 1955
S. SEX 6. COLOR O		ED NEVER MARRIED				YEAR IF UNDER 24 HRS.
Male Whi				9. AGE (In lost birth	yrs. Months	Days Hours Min.
Da. USUAL OCCUPATION (Give kind	of work done 10b.	KIND OF BUSINESS OR IN	IDUSTRY 11. BIRTHPLACE (SI	ote or foreign country)	12. CITI	ZEN OF WHAT COUNTRY
Self-Employed	If retired)	Formon	משם	lambad dos Md		TCA
3. FATHER'S NAME		Farmer	14. MOTHER'S MAIDE	Cambridge, Md		J.S.A.
William H. De			Mary I.	. Keyes		
S. WAS DECEASED EVER IN U. S. ARA	MED FORCES? 16, (	SOCIAL SECURITY NO. 1	7, INFORMANT		Address	
No			Mrs. Elizabet	ch E. Dail C	ambridge.	Maryland
Conditions, if any, which gave rise to immediate toute (a), storing the under-	DUE TO  (c)	scuon	cadurac	state	<i></i>	ONSET AND DEATH
PART II. OTHER SIGNIFICA	NT CONDITIONS C		BUT NOT RELATED TO THE TE			1(a) 19. WAS AUTOPSY PERFORMED? YES NO
PART II. OTHER SIGNIFICA  20g. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF IF EITHER, NOTIFY MEDICAL EXA	G ( 206. DESC DEATH MINER)	RIBE HOW INJURY OCCU	RRED. (Enter nature of injury	in Part I or Part II of item 1	0.)	
20c. TIME OF INJURY Month, C Hour a. jr. p. m.	Pay, Year 20d. IN While at work	Not while	PLACE OF INJURY IHome, 6 foctory, street, office bldg.,	arm, 20f. (City or town)	(Co	ounty) (State)
21. I certify that A attend alive an	ed the decease		oth occurred of #1.5	O: M, fram the cau ADDRESS (Street, city or	ses and an the	ast saw the decease e date stated obove DATE SIGNE
	liam H. F		Locust			uryland
70. BURIAL CREMATION, 226. DATE REMOVAL (Specify) BURIAL 10/5	: THEREOF	22c. NAME OF CEMETER Seward-Dail		22d. LOCATION (City, I	D =	(Stote)
D. FUNERAL DIRECTOR'S SIGNATURE	122	ADDRESS			REGISTRAR'S SIGN	
	Service		Marian Samuel St.	7	ALCISTANT S SICH	ingre In
LeCompte Funeral	. Service	Cambridge,	Maryland DATE	1 1011 21 1051	John of	1 haso 16

the second of th BUREAU V. S. 9961 88 YAM A Light of the Armer and the A OR WRITE PLAINLY, WITH UNFADING INK.

PLEASE TYPE

A15 - 10

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Supply every item of information carefully.

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09707

9737 CERTIFICATE OF DEATH

Por Diet No.

	4 # 3 #	CHARLETCHIA	1 OI DUIL	A.A.A. Iteg.	Dist. 110.
I PLACE OF	DEATH		2. USUAL RESID	DENCE (HOME) OF DECE	ASED.
COUNTY CITY (If or and g	Dorchester	MARYLAND	STATE Ad.	COUNTY	orchester
CITY (If or		RURAL, LENGTH OF STAY		e corporate limits, write RUF	
OR and B	ive newrest town)	(in this place)	or Town Ca	mbrid e, Pd.	13
	ral Curtridge	1 mo	STREET	(If rural give loca	etion
HOSPITAL (	N OR		ADDRESS	THE PART HAVE TOUGH	, tooli,
5 /6 STREET AD	RESS Eastern Shor	re State Hospital	<u> </u>		
HOSPITAL OF INSTITUTION STREET ADDITIONS OF DECEASED: IType or Pei	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
DECEASED:	WADE	HAVPTON FA	LLTN	DEATH Oct.	11 1955
D 5. SEX. 16		. MARRIED.   8. DATE	OF BIRTH	9. AGE last birthday 15 LAG	DER I YEAR IF UNDER 24 HRS.
7 male	white Specify	single 2/21/	37	ryjyrs. Monti	hs Days Hours Min.
	UPATION (Give kind of 10	B. KIND OF BUSINESS	11. BIRTHPLACE	(State or foreign country).	
10A USUAL OCC work done du even if retire	ring most of working life,	OR INDUSTRY:			COUNTRY
U 13. FATHER'S	Watchman -		14. MOTHER'S N	AAIDEN NAME	1 U.S.
g 13. FATHER'S	AME:				
g Onristophe			Augie Edg	772	
	EVER IN U.S. ARMED FORCES! (If Yes, give war or dates	18, SOCIAL SECURITY NO.	17. INFORMANT	& ADDRESS:	
	of service)	no	Eastern St	nore St te dospi	tal records
I DISEASES		18. MEDICAL CERTIFICAT			INTERVAL BETWEEN
I DISEASES	R CONDITIONS DIRECTLY	LEADING TO DEATH			ONSET AND DEATH
43	50.0	0		•	
ANTECED  ANTECED  DISEASES OR GIVING RISE 1  STATING UND	HATE CAUSE	(A) General art	terioscieros	1.5.	
ANTECED	INT CAUSE (\$)	DOE 10			
DISEASES OR	CONDITIONS, IF ANY,	(B)			
STATING UND	ERLYING CAUSE LAST.	DUE TO			
		(C)			
TO THE DEA	VIFICANT CONDITIONS C	THE			
DISEASE OF	CONDITION CAUSING I	DEATH, PSYCHOSIS Wil		<u>arteriosclerosis</u>	
19A. DATE OF O	PERATION: 198. MAJOR	FINDINGS OF OPERATIO	N		20. AUTOPSY?
					YES NO.
21A. ACCIDENT OR CONTRIBUTI OF CITHER, NOTE	WAS UNDERLYING 2	18. PLACE (Home, farm, fac	tory. 21c. WHERE		(County) (State)
OR CONTRIBUTI	NG CAUSE OF DEATH C	F INJURY street, office bldg.	etc. INJURY OCCI	JR7	
21D. TIME (Mon	th) (Day) (Year) (Hour)	21E INJURY OCCURRED	21F HOW DID	INJURY OCCUR?	
OI INSOIT	М.	While Not while at work			
.00 F 1	-416- Ab-A T -44	he deceased from Sept	B 10 65to 1	of 17 10 55 that 7	Lest sow the decensed
alive on .C	ct. ll , 1955 , ar	d that death occurred at	9:37aM, from	the causes and on the	date stated above.
SIGNATURE	age of	11			DATE STORED
8	DEMANDIA DATE THE PA	A LAWSE OF CTUET	ERY OR CREMATOR	Cambridge and	wn, or county) (State)
O 23 POURIAL, C	REMATION, DATE THERE	The CEMET	- OR CREMATOR	The state of the s	mi
" FILLE	1 / / /	11 July	4:	- Jala	
DATE REC'D	BY LOCAL REGISTRAR	S SIGNATURE	24 FINERAL	DIRECTOR	ADDRESS



DATE SIGNED

ADDRESS

(State)

, 0.00				0	いけいり	)
MARYLAND STATE DEPARTMENT OF H	IEALTH—BAL	TIMORE,	18	y,	ig. Dist.	)
MEDICAL EXAMINER'S CER'	PIFICATE	OF	DEA	TH N	0. 1/4	, , , .
PLACE OF DEATH:	2. USUAL RESIDEN	CE (HOME)	OF DECEA	SED:		
county Dorchester Maryland	STATE Lary.	Land cou	inty Son	nerset		
CITY (If outside corporate limits, write RURAL OR and give nearest town)  TOWN Cambrids e LENGTH OF STAY (In this pisce) 29yrs.9mo.7de	CITY (If outside OR TOWN -	corporate iim	its write RL	_	ve nearest	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hospital	STREET ADDRESS	(If	rural, give	location)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
NAME OF (First) (Middle)	(Last)	4. DATE	(Month	(Day)	(Year)	
DECEASED: (Type or Print) Erma - Gi	bbons	OF DEATH	Oct.	1	19 5	5
PACE: WIDOWED DIVORCED	of BIRTH: 19	AGE last b		UNOER I YEAR	I I UNOE	Min.
oa. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OR work done during most of work life, even if retired): Laborer INDUSTRY:	Maryland	(State or fo	oreign count	U.S.	TIZEN OF	
3. FATHER'S NAME:	14. MOTHER'S MAII	DEN NAME:				
William J. Cibbons	Martha Daugl	hterty				
Yes, no, or unk,) (If Yes, give war or dates of	17. Informant & a Eastern Shore		ospita	l Record	ls	
	L CERTIFICATION					
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:					NTERVAL I Onset and	
Immediate cause (a) FIPU. Onia	+ 14	* ** ** **			3 day	ys
Antecedent cause(s)						
Diseases or conditions, if any, (b) giving rise to the above cause DUE TO		•				4 10 10 10
stating underlying cause last						
L OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.						
9s. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:					Year	
1a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF Street, office bidg., etc., INJURY	21c. (City or town		(County)		(State)	
1d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF While at Not while INJURY M. work □ at work □	21f. HOW DID 12	NJURY OCCU	JRĪ			
22. I hereby certify that I took charge of the remains describ find that death resulted from: Natural causes 💢, Accid						

M. D.

State Hospital

24. FUNERAL DIRECTOR Lecompte Pine

NAME OF CEMETERY OR CREMATORY

bastern Shore

CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM.

LOCATION (City, town, or county)

WRITE PLAINLY, WITH ge is especially important. PLEASE

988

SIGNATURE

23. BURIAZ, CREMATION, REMOVAL (Specify):

DATE REC'D BY LOCAL

DATE THEREOF

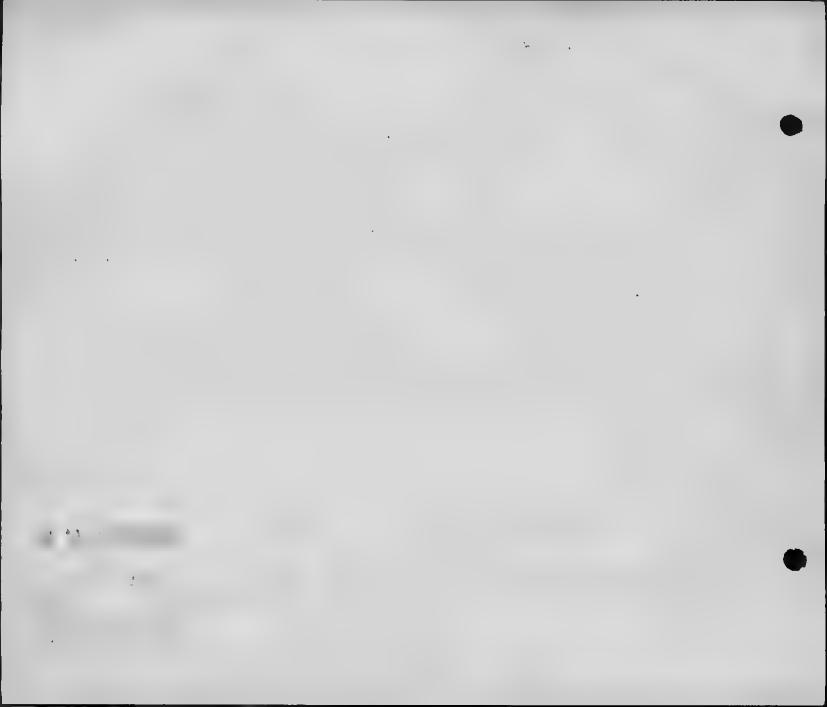
REGISTRAR'S SIGNATURE

Supply every item of information carefully. The correct write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

UNFADING INK. Physicians: please

- 5 - 53 A15A VS.



## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

			97	<b>19</b>	
		1	U	74	
1 121 4	CE OF	 701			

9779 CI	ERTIFICATI	E OF DEAT	TH Reg. D	Dist. No. //6
1. PLACE OF DEATH:		2. USUAL RESIDI	ENCE (HOME) OF DECEA	SED.
COUNTY Dorchester  CITY (If outside corporate limits, write RUR. OR and give nearest town)  X TOWN Cambridge R.F.D.l  HOSPITAL OR INSTITUTION OR  TOWN STREET ADDRESS D. D. D. D.	MARYLAND AL LENGTH OF STAY (In this place) 46 years	CITY(If outside on TOWN Cam STREET ADDRESS	land COUNTY Do corporate limits, write RURA	L and give nearest town
Ref allal			F.D.1	
DECEASED: (Type or Print) William Fre  5. SEX. 6 COLOR OR 7. SINGLE. M. RACE: WIDOWED. (Specify): Ms	ederick H ARRIED. 8. DATE DIVORCED, 8. DATE	19.1376	4. DATE (Month) OF DEATH: Oct./ 9. AGE last birthday Ir unoc Months 79 yrs.  State or foreign country)	Days Hours Min.
work done during most of working life. ceven if retired : Retired Farmer sel	R INDUSTRY:	Lake Minniso		U.S.
13. FATHER'S NAME:	T GIMPTOVEU	14. MOTHER'S M	AIDEN NAME:	Uassa
William F. Hoge		Eliza Fis	cher	
	None	17. INFORMANT		mbridge.Md.
16.	MEDICAL CERTIFICAT			INTERVAL BETWEE
I DISEASES OR CONDITIONS DIRECTLY LEADING TO THE AUSE (A DUE ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	To Circle	osis of	the liver	6 Mos.
II OTHER SIGNIFICANT CONDITIONS CONTI TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEAT	RIBUTING PATOL	inclirasi	·	8 yrs
	IDINGS OF OPERATION	N .		20. AUTOPSY?
OR CONTRIBUTING CAUSE OF DEATH OF IN	PLACE (Home, farm, fact JURY street, office bldg.,	etc. INJURY OCCU	R?	ounty) (State)
OF TNJURY W	E INJURY OCCURRED hile Not while work at work	- C- Y	NJURY OCCUR?	
College & Bunkon	at death occurred at	g Kace Sty	causes and on the da	PATE SIGNED
23. BURIAL. CREMATION, DATE THEREOF			LOCATION (Oty, town	or county) (State

24. FUNERAL DIRECTOR Kenneth R. Thomas, Cambridge, Md.

A15. VS.

DATE REC'D RECISTRAR

REGISTRAR'S SIGNATURE

PLEASE TYPE OR WRITE-PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: Dorchester COUNTY Dorchester STATE COLINAY MARYLAND LENGTH OF STAY CITY (If outside corporate limits write RURAL and give nearest town) CIFY (If outside corporate limits, write RURAL OR and give nearest town) (In this place) Camiril e HOSPITAL OR CONSTITUTION OR 29 Para Lune STREET (If rural, give location) ADDRESS 20 Park Lane 3. NAME OF (First) (Middle) (Last) 4. DATE (Year) DECEASED: OF Jr .... HCCPLR 19 (Type or Print) A DEATH 6. COLOR OR 7. SINGLE. MARRIED 8. DATE OF BIRTH: 9. AGE last birthday: , IF UNDER I YEAR | IF UNDER 24 HRS. RACE: WIDOWED, DIVORCED, Months! Days Hours (Specify): wildowed Colored 10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OR (State or foreign country): 12. CITIZEN OF WILAT COUNTRY work done during most of work life, even if retired): HOUSOWIFE INDUSTRY: Marvland 14. MOTHER'S MAIDEN NAME: 13. FATHER'S NAME: George Travers Lizzie Travers 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of 16. SOCIAL SECURITY No.: 17. INFORMANT & ADDRESS: Outie Cornish: Cambrilge, Md. service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: ONSET AND DEATH (a) Coronary Occlusion Immediate cause Antecedent cause(s) (b) ..... Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes | Noki 21b. PLACE (Home, farm, factory, OF street, office bldg , etc., (State) 21a. EXTERNAL CAUSE WAS 21c. (City or town) (County) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 21f. HOW DID INJURY OCCUR? 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY While at Not while work | at work 22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [27], Inquiry [], and find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause . CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. DATE SIGNED SIGNATURE ( NAME OF CEMETERY OR CREMATORY 23. BURIAL CREMATION. | LOCATION (City, town, or county) REMOVAL (Specify) : Cemeterv 24. FUNERAL DIRECTOR ner bert M. Stulair DATE REC'D BY LOCAL REGISTRAR'S'SIGNATURE ADDRESS Cambriage. Li REG.



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VS. A15A - 5 -

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	9712 Reg. Dist.
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	No.
1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Juran state .d. COUNTY Doran	· st r
CITY (If outside corporate limits, write RURAL are OR and give nearest town)  TOWN  CITY (If outside corporate limits write RURAL are OR TOWN  Cambrile	id give nearest town)
HOSPITAL OR STREET ADDRESS 4 Slacum Street Street ADDRESS 4 Slacum Street	
3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Date (Type or Print) PHITTER ROBERT OCT. 17	, 19
Fig. 1 New LO (Special: Pit 17) White Table And Annie Table Annie	Pars Hours Min.
work done during most of work life, even if retired):  10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country): 11. BIRTHPLACE (State or foreign country): 12. BIRTHPLACE (State or foreign country): 12. BIRTHPLACE (State or foreign country): 13. BIRTHPLACE (State or foreig	2. CITIZEN OF WHAT
13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME:	
Charles Phillip Green   Katherine Mack	ty .
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)  16. Social Security No.: 17. INFORMANT & ADDRESS:  110 Ever in U.S. Armed Forces?  16. Social Security No.: 17. INFORMANT & ADDRESS:	* " " " " " }
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:  Immediate cause  (a) Toxe 119	INTERVAL BETWEEN ONSET AND DEATH 1 day
Antecedent cause(s)  Diseases or conditions, if any, stying rise to the above cause DUE TO stating underlying cause last (e)	l day
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes No []
21s. EXTERNAL CAUSE WAS   21b. PLACE (Home, farm, factory, PRIMARY   or CONTRIBUTING   OF street, office bldg., etc., INJURY   CAUSE OF DEATH.   CAUSE OF DE	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. work at work	
22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection	
find that death resulted from: Natural causes (), Accident [], Suicide [], Homicide [], Undetermined [], Signature [], Suicide [], Homicide [], Undetermined [], Undeterm	DATE SIGNED
23. BURIAL CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or REMOVAL (Specify):   Oct. 10151 Ull Field   DOCT (197)	county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 1 24 FUNERAL DIRECTOR	ADDRESS
4045274211	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

09713 Reg. Dist.

MEDICAL EXAMINER'S CER	TIFICATE OF DEATH	No 77
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED;	
COUNTY Chester MARYLAND	STATE APT AND COUNTY JOET OF	t,er
CITY (If outside corporate limits, write RURAL OR and give nearest town)  TOWN  LITERIAN  (in this piace)	CITY (If outside corporate limits write RURAL and OR TOWN Librates +2	give nearest town)
HOSPITAL OR INSTITUTION OR COSTREET ADDRESS Fishin, Bay	STREET (If rural, give location) ADDRESS	/
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Ira Fulton McC	(Last) 4. DATE (Month) (Day) OF DEATH Ort.	) (Year) 2위 19 로로
S. SEX:    6. COLOR OR RACE: WIDOWED, DIVORCED, (Specify):	E OF BIRTH: 9. AGE last birthday: IF UNDER 1 Y	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Naterman Own Doat		CITIZEN OF WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Vise McCready	Alice Dayton	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yee, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS:	c Ti
Immediate cause  DUE TO  Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause DUE TO  stating underlying cause last (c)		ONSET AND DEATH
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		26. AUTOPSY?
21s. EXTERNAL CAUSE WAS PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH.  21b. PLACE (Home, farm, factory OF street, oface, bldg., etc.	Elli ++,	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while injury	Side Lie. Compet in rishing	277
22. I hereby certify that I took charge of the remains descrifind that death resulted from: Natural causes [], Accisionature	dent 🔲 , Suicide 🔼 , Homicide 🔲 , Undeter	
REMOVAL (Specify):	RY OR CREMATORY LOCATION (City, town, or con	
DEAL RECORD COURT REGISTRANS STONATORE	(int ) S manufacture in the	In ADDITION OF T

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. VS. A15A - 5 - 53 PLEASE

MARGIN RESERVED FOR BINDING



write the causes of death clearly and legibly.

Physicians: please

age is especially important.

PLEASE WRITE PLAINLY, WITH

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 () 9714

9509	CERTIFICATE	OF DE	ATH	Reg. Dist.	No. 116
I. PLACE OF DEATH:		2. USUAL RESID	ENCE (HOME)	OF DECEASED:	
Dorchester		<sub>STATE</sub> Maryl	and	CONTINUE	v Dan
COUNTY  CITY (If outside corporate limits, write	MARYLAND PIDALLIENCTH OF STAY			ts, write RURAL and	
TOWN and give nearest town Cambrid	ge Jindthis place)	OR	na,Md.R.F		<u> </u>
IIOSPITAL OR INSTITUTION OR CAMBridge-Ma	ryland Hospital	STREET ADDRESS		gural give location)	/
3 NAME OF DECEASED: Addle	(Middle) Jones Oli	(Last) phant	4. DATE OF DEATH:	(Month) (Day) Oct.12,1955	(Year)
5. SEX:   C. COLOR OR   7. SING	LE. MARRIED. 8. DATE O			thday: if UNDER 1 YEA	
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired);	10b. KIND OF BUSINESS OR INDUSTRY:	Church	Creek, Md.		TIZEN OF WHAT DUNTRY! J.S.
13. FATHER'S NAME:		14. MOTHER'S MA	IDEN NAME:		
T.Ira Jone	S	Frances	Saunders		
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		NFORMANT & AL	DRESS:	k Ave., Cambr	idge
	18. MEDICAL CERTIFICATIO	N		. 1	
I. DISEASES OR CONDITIONS DIRECTL  OR 2  Immediate cause  Antecedent causes (s)  Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.  DUE	Meningo.	enceph	olitis	(acuto).	Onset And Death 5 Clays
11. OTHER SIGNIFICANT CONDITIONS	:)				
Conditions contributing to the death but	not				
related to the disease or condition causing	r findings of operation				20. AUTOPSY 1
					Yes No No
21. ACCIDENT (Specify) PLA OF INJUSTICE	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOY	YN)	(COUNTY) (ST	ATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY mi,	INJURY OCCURED   While at Not While   Work   At Work	liow bid injur	RY OCCUR?		
22. I hereby certify that I attended t	1010	,1955, to	12 . 19.	, that I last s	aw the deceased
alive of 19 19 and signature	that death occurred at 8;	outred	m the causes a	and on the date st	tated above.
REMOVAL (Specify) DATE THERE	1955 NAME OF CEMETER Dorchester	y or cremators Memorial Pa	rk Cambri	ge, Md.	
DATE REC'D BY LOCAL REGISTRAR' REGISTRAR	. 1 11 0	Kenneth R.T		oridge,Md.	ADDRESS

Kenneth R. Thomas, Cambridge, Md.

VS. A15



VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09715

97:0 CERTIFICA	ATE OF DEATH Reg. Dist.	No. 116
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Dorchester MARYLAND CITY (If outside corporate limits, write RURAL, LENGTH OF S	STAY CITY (If outside corporate limits, write RURAL a	TY Dor.
OR and give nearest town)  (in this place of the place of	Town Cambridge	12
Mospital or Institution or / STREET ADDRESS Cambridge Maryland Hospital	STREET (If rural give location	/
3. NAME OF (First) (Middle) DECEASED: (Type or Print) John Wesley	(Last) 4. DATE (Month) (Day OF DEATH: Oct.15.195)	
5. SEX: S. COLOR OR 7. SINGLE, MARRIED, 8. D. WIDOWED, DIVORCED, (Specify): Wignoved Ju	DATE OF BIRTH:  9. AGE last birthday: If UNDER 1 yrs.  Months Di	EAR IF UNDER 24 HR
10a. USUAL OCCUPATION Give kind of 10b. KIND OF BUSINE work done during most of working life, even if retired): Carpenter retared	Cambridge	CULTUREN OF WHATCOUNTRY!
I3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
John Paul  15 Was Deceased Ever in U.S. Armeo Forces? 16. Social Security No. (Yes, no, or unk.) (If Yes, give war or dates of service) no none	Elizabeth Reese .: 17. INFORMANT & ADDRESS: Mrs (Ear Johnson, 138 Race St. Gambr)	inge. Md.
18. MEDICAL CERTIF	TICATION	Interval Betwee
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.  DUE TO  Conclusion  (b)  Conclusion  Conc	i decongunation onlessti Hear Orsean	2 who
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERAT	TION	20. AUTOPSY
21. ACCIDENT (Specify) PLACE (Home, farm, factory, OF office bldg., etc.)	street, (CITY OR TOWN) (COUNTY) (S	Yen No G
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While INJURY m. Work [] At Work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10 alive on 10/15, 195, and that death occurred a signature (Degree or title)	at 2;00 P.M., from the causes and on the date ADDRESS	stated above. ATE SIGNED 10/17/17
REMOVAL (Specify)   Cambridge	e Cemetery Cambridge, Md.	
DATE RECO BY LOCAL RECISTRATE SIGNATURE (REGISTRAR (REG	24. FUNERAL DIRECTOR Kenneth R. Thomas Cambridge Md.	ADDRESS

DOT 19 1955

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VS. A15A - 5 - 53

# 11399 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL.	EXAMINER'S	CERTIFICATE	OF	DEATH	No 1/1
	TOTAL STATE OF THE		U.L		No ( (

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Dorchester MARYLAND	STATE Maryland county Talbot
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Dambridge 3hrs15 min	CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Easton, Maryland
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hospital	STREET (If rural, give location) ADDRESS
2. NAME OF (First) (Middle) DECEASED: (Type or Print) Stella	Rash  4. DATE (Month) (Day) (Year) OF DEATH Oct. 20 19 55
F RACE: W WIDOWED, DIVORCED, NOV.	8, 1898 (?) 57 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Domestic	Maryland (State or foreign country): 12. CITIZEN OF WILAT COUNTRY? U.S.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Charles Harris	Emma Willis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: (Yes, no, or unk.) (If Yes, give war or dates of	17. INFORMANT & ADDRESS:
service)	lastern Shore State Hospital Records
	AL CERTIFICATION   INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	Onset and Death
Immediate cause (a) Cerebral embol	us l day.
Antecedent cause(s) Diseases or conditions, if any, (b) Generalized are giving rise to the above cause DUE TO stating underlying cause last (c)	rteriosclerosis ?
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes 및 No □
21s. EXTERNAL CAUSE WAS   2ib. PLACE (Home, farm, factory PRIMARY   or CONTRIBUTING   OF street, office bldg., etc. 1NJURY	·,
21d. TiME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED   While at   Not while   1NJURY   M.   work   at work   □	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I took charge of the remains descri	bed above, held an Autopsy $X\square$ , Inspection $\square$ , Inquiry $\square$ , and
find that death resulted from: Natural causes of, Acciesionature	dent [], Suicide [], Homicide [], Undetermined cause [].  CHIEF MEDICAL EXAMINER [] DATE SIGNED  DEPUTY MEDICAL EXAMINER [] 12/00/55
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER	RY OR CREMATORY   LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE PREG. 12/30/55 LAN hau	21. FUNERAL DIRECTOR Talbot Address
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DATE REC'D BY LOCAL

REGISTRAR

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

# CERTIFICATE OF DEATH

9701

09717

Reg. Dist. No. 1/6

1. PLACE OF DR	ATH		2. USUAL RESIDEN	CE (HOME) OF DECEA	SED
	Dorchester	MARYLAND	STATE Maryla	nd county Dor	chester
CITY (Noutside of OR and give no	orporate limits, write RURAL	LENGTH OF STAY (in this plece)	CITY (if outside corpor OR	ata limits, write RURAL and give	nearest fown)
A CONTRACT OF	Cambridge	2 weeks	TOWN Cambr	idge	pro the
HOSPITAL OR INSTITUTION OR STREET ADDRESS	Cambridge-Maryland	Hospital	STREET 112 ADDRESS	Locust#3treet*	ion)
3. NAME OF DECEASED (Typa or Print)		Widdle)	(Last)	4. DATE (Month) OF DEATH Oct	(Dey) (Year)
	Edward Al COLOR OR   7. SINGLE, MARRIE		Robbins DE BIRTH 1 S		27,1955 19
	RACE WIDOWED, DIVI	DRCED,	12,1898	57 yrs. Mont	
10e. USUAL OCCUPATE	ON (Give kind of work 10b. KINI	OF BUSINESS	II. BIRTHPLACE (Stata or foreign	in country)	12. CITIZEN OF WHAT COUNTRY?
IS. FATHER'S NAME	201 COMING DIFFERENCE OF	.00109	14. MOTHER'S MAIDEN N	IAME	1
	William E.Robbin	15		Henry	
		SOCIAL SECURITY NO.	17. INFORMANT & A	DDRESS	II2 Locust St.
Yes Tes U.	S.M.C.1917-1937	219-20-7039	Mrs_Elizabe	th R.Robbins,	
ANTECEDI DISEASES OR CONDIT GIVING RISE TO THE STATING UNDERLYING 11 OTHER SIGNIFICANT TO THE DEATH BUT N DISEASE OR CONDIT	ENT CAUSE(S) DUE TO  IONS, IF ANY, (B)  ABOVE CAUSE CAUSE LAST, OUE TO  CONDITIONS CONTRIBUTING NOT RELATED TO THE ION CAUSING DEATH.		mbase,	acute and	14 day
196. DATE OF OPERATI	ION 196, MAJOR FINDINGS	OF OPERATION?	y .		YES NO
216. ACCIDENT WAS OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUTI	AUSE OF DEATH   OF INJURY street, of		21c, WHERE DID INJURY OCCUR	? (City or town) (	County) (State)
21d. TIME OF INJURY	(Month) (Day) (Year) (Hour) 21e, White M. et wo		21f. HOW DID INJURY OCCUR	?	
22. I hereby ce alive on	ON, DATE THEREOF	that death occurred at  M.D.  NAME OF CEMETERY OR  Christ Chure	CREMATORY from the co	Buses and on the date stESS (Street, city, town, state	DATE SIGNI  CLATAS S  Funty) (State)
24 REC'D BY REGISTR		4	25 FUNERAL DIRECTOR'S		ADDRESS
DATE Det. 34	1955 ( XH) Yh	111 Yh 10-	Kennett to	1 -1	Cambridge, Md.

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED

9712

I. PLACE OF DEATH

09718

		No/	11	Z
Reg.	Dist.	No/	.d.	ν.

county Dorchester	MARYLAND	STATE MG.	COUNTY DOT		
CITY (If outside corporate limits, write RURAL OR and give nearest town)	LENGTH OF STAY (in this place)		ata limits, write RURAL and give	rearest fown)	<u>F</u>
X TOWN Woolford	10vrs	TOWN	Lford		X
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	(If rural give locati	ou)	7
none			ne		
DECEASED	Aidde)	(Lost)	4. DATE (Month) OF DEATH 10	(Day)	(Year)
<u> </u>		Robinson	10	21	19 55
RACE WIDOWED, DIVO	DRCED,	. 11. 1867	AGE last birthday IF UN Month	DER 1 YEAR	Hours Men.
done during most of working life, even if OR	OF BUSINESS	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN	OF WHAT
"Housewife"	Home	Madison, Mo		USA	
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME		
Samuel P Harrington		made loss			
	SOCIAL SECURITY NO.	17. INFORMANT & A			
(Yes, no, or unk.) (If Yes, give wer or dates of service)					
	none	Mrs Claud	le Brooks Wool	ford M	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  IMMEDIATE CAUSE (A)  ANTECEDENT CAUSEIST DUE TO	Care	bral Hem	orfrage		ET AND DEATH
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST,  (C)	AFEN	ogclerosis	garapalin	20	7
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
190. DATE OF OPERATION 195 MAJOR FINDINGS C	OF OPERATION			20.	. AUTOPSY?
				YES	NO
216. ACCIDENT WAS UNDERLYING [] 21b. PLACE (Home, OR CONTRIBUTING [] CAUSE OF DEATH OF INJURY street, of (IF EITHER, NOTIFY MEDICAL EXAMINER)	ferm, factory, fice bidg., atc.)	NE WHERE DID INJURY OCCUR	? (City or town) (C	cunty)	(Stets)
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. While the st woil st woil to the st woil to	Not while	ZV. HOW DID INJURY OCCUR	?		
22. I hereby certify that I attended the decease	ed from/.0//1.7	, 19. J.C., to!	120 19 5. J., the	it I last saw	the deceased
alive on	that death occurred at	M, from the ca	suses and on the date st ESS (Street, city, town, steps)	iated above	ATE SIGNED
23 BUR AL, CREMATION, REMOVAL (SPECIFY)	M.D.	CREMATORY	LOCATION (City, town, or co	unty)	22/57 (Store)
Burial   10/23/55	Old Trinity	r	Dorohouton		Ma
24 REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	1. VI 6	25. FUNERAL DIRECTOR'S S		ADDRESS	Ma
DATE, Sel, of 1931 fine Y	race 11, C	THE COMPTE'S	Funerl Servic	e Camb	oridge



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PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09726

171A CERTIFICATE OF DEATH

Reg. Dist. No. // O

	and a second sec
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY Dorchester MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY	STATE Maryland COUNTY Dorchester CITY(If outside corporate limits, write RURAL, and give nearest town)
OR and give nearest town)  X TOWN  Hurlock — Rural  Life	or Town Hurlock - Rural
HOSPITAL OR INSTITUTION OR ASTREET ADDRESS Bobtown	STREET (If rural give location) ADDRESS Bontown
DECEASED: (Type or Print) Ephriam Sm	oith OF October 2, 1955
Male Colored (Specify): Widowed About	1876  9. AGE last birthday Frunces   Year   If UNCES 24 Hee.  Months Days Hours Min.
10A USUAL OCCUPATION (Give kind of 108 KIND OF BUSINESS work done during most of working life. even if retired): Day Laborer Farm	Dorchester Co., Maryland U.S.A.
13 FATHER'S NAME:	R 1
Henry Smith	Rebecca (maiden name unknown)
(Yes, no, or unk.) (If Yes, give war or dates of service)  Unknown	Delsia Holliday, Hurlock, Md., R.F.D.
18. MEDICAL CERTIFICAT	ION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  IMMEDIATE CAUSE  ANTECEDENT CAUSE (S:  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST  DUE TO	Marca Jag to Signature Signat
II OTHER SIGNIF.CANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	edistia 15 a
19A. DATE OF OPERATION:   19B. MAJOR FINDINGS OF OPERATION	20. JUTOPSY?
21A ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?
	, 1957, to 1953 that I last saw the deceased 3: 30 M, from the causes and on the date stated above.  DATE SIGNED  O. LOCATION (Cit), town, or county) (State)
23 BURIAL, CREMATION. DATE THEREOF NAME OF CEMETE REMOVAL (SPECIFY) Oct 6 1955	

24. FUNERAL DIRECTOR

J.J. Framptom and Son, Federalsburg, Md.

\* \* 5 00 4,

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, ~v,	H.	9715 CERTIFICATE OF DEATH Reg. Dist	. No. 110
	y.	1. PLACE OF DEATH-   2. USUAL RESIDENCE (HOME) OF DECEASE	D:
/==	carefull	COUNTY Dorchester MARYLAND STATE Maryland COUNTY Dorc	
		OR and rive nearest town) LENGTH OF STAY OR CITY(If outside corporate limits, write RURAL (in this place) OR	and give nearest towr
	tion	x TOWN Federalsburg - Rural Life TOWN Federalsburg - Rural	X
	information	HOSPITAL OR INSTITUTION OR STREET ADDRESS Eldorado Road Eldorado Road	/
	inf cl	3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (	Day) (Year)
	m of death	(Type or Print) Boyd Hardesty Speorl DEATH: October	6 1955
	ite of	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH: 9. AGE last birthday if uncertified with the state of the state o	
ch	causes	10A USUAL OCCUPATION Give kind of 10B KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): 12.	COUNTRY?
ž	Ca e		U.S.A.
Ę	upply the c	13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME:	
BII	Su ite	Henry C. Speorl R. Matilda Figgs	
FOR BINDING	INK.	(Yes, no, or unk.) (If Yes, give war or dates of service)   213-09-8503   Mrs. Ralph J. Trice, Feder: 15	burg, Md.
	C 8	18. MEDICAL CERTIFICATION	INTERVAL BETWEE
S >	DIN :	1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEAT
쮼		immediate cause  Antecedent cause (8:  Diseases or conditions directly teading to death  (A)  ONONGYLI Thronhosis.  Oue to  Diseases or conditions, if any, (B)	He muse
SE	UNFA	ANTECEDENT CAUSE (S: DUE TO	
MARGIN RESERVED	Pro-	DISEASES OR CONDITIONS, IF ANY.  GIVING RISE TO THE ABOVE CAUSE  DUE TO	
E	_	STATING UNDERLYING CAUSE LAST	1
AR	AINLY, WI	(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
×	Z,	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
	AINL' impor	19A DATE OF OPERATION:   19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSYT
-			YES NO F
3)	WRITE PI especially	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory 21c. WHERE DID (City or town) (Coun OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?	ty) (State)
8	W.R.	ZID. TIME (Month) (Day) (Year) (Hour) 21s INJURY OCCURRED 21s, HOW DID INJURY OCCUR?  While Not while at work at work	
	O. See	22. I hereby certify that I attended the deceased from /927, 19, to /0-4, 1955, that I last	t saw the decease
10 - 53	TYPE rect a	alive on 0 - 4, 19 37, and that death occurred at 1 A. M. from the causes and on the date signature	stated above. TE SIGNED  / 0 - 6. 3
A15 —	AS o	23. BURIAL CREMATION. DATE THEREOF NAME OF CEMETERY OF CREMATORY LOCATION (Cit), town, of Partial Crest Cemetery Federalsburg, M	r county) (State
VS. 1	PLE	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE J.J. FUNERAL DIRECTOR J.J. Framptom and Son, Federals	ADDRESS burg, 'd.



• 9702
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

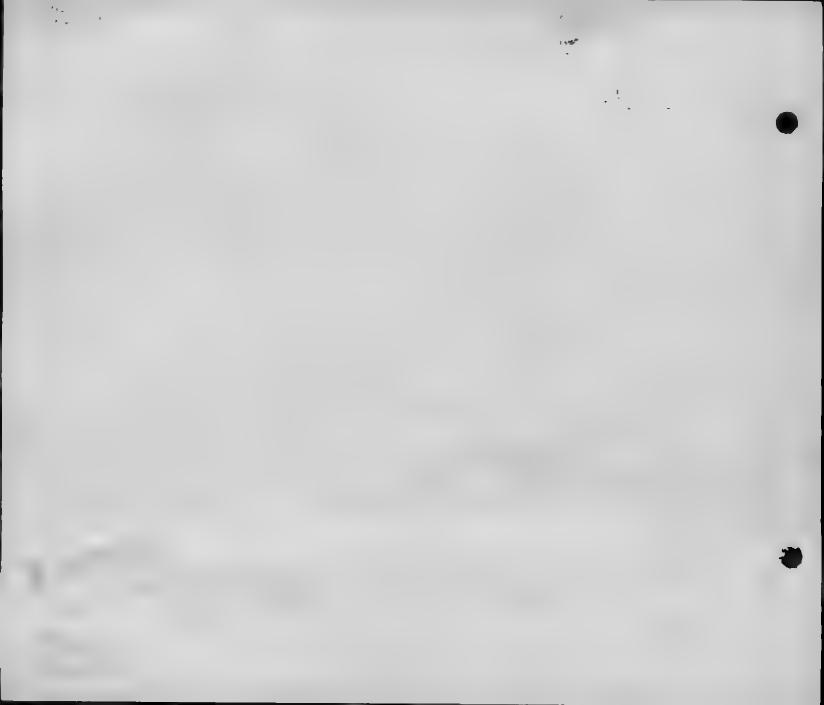
Reg. Dist.

MEDICAL	EXAMINER'S	CERTIFICATE	OR	DEATH	**	, ,	4
MEDICAL	LAAMINUK S	CENTIFICATE	Or	DEALL	No.	1.77	Ĭ

AIRCIDA CIAM AMERICANA		THE ROLL OF THE REAL PROPERTY.	OT DIMET	L MOS A TO A LOS
I. PLACE OF DEATH:		2. USUAL RESIDENCE	CE (HOME) OF DECEASED:	
county Dorchester	MARYLAND	_ STATE Md	county Dorch	nester
CITY (If outside corporate limits, write RURAL OR and give nearest town)  Cambridge	LENGTH OF STAY (in this place)	OR	corporate limits write RURAL Oridge RFD # 2	and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Acadmey & Muse	Sts	STREET ADDRESS	(If rural, give location (IFD# 2	on) /
J. NAME OF (First) DECEASED: (Type or Print) Phillip.	Middle) R Ste	(Last) Ohenson	4. DATE (Month) (OF DEATH OCT	Day) (Year) 27 19 CC
5. SEX: 6. COLOR OR 7. SINGLE, WIDOWED (Specify):	iarried, 8. dati bivorced, 8. dati Married 7	OF BIRTH: 9.	AGE last birthday: IF UNDER Months	
work done during most of work life,	KIND OF BUSINESS OF INDUSTRY: ISh Culturalis		(State or foreign country).	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME:		14. MOTHER'S MAIL	DEN NAME:	
Eli Stephenson		Mary Bink	cley	
(Yes, no, or unk.) (II Yes, give war or dates of	SOCIAL SECURITY NO:	17. INFORMANT & Al	Janio	ridge RFD #2
yes   service) World warl	none	Mrs Isabelle	e repnenson	
I. DISEASES OR CONDITIONS DIRECTLY LEADI		AL CERTIFICATION		INTERVAL BETWEEN
Immediate cause (a).		ocelusion.	•	Onget and Drath
Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause DUE TO  stating underlying cause last (c)			• • • •	
11. OTHER SIGNIFICANT CONDITIONS CONTRIE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING DEATH.	THE			
19a. DATE OF OPERATION: 19b. MAJOR FIND				20. AUTOPSY 7 Yes [] No [4]
PRIMARY or CONTRIBUTING OF CAUSE OF DEATH.		·		(State)
OF W	NJURY OCCURRED hile at Not while ork  at work	21f. HOW DID IN		
22. I hereby certify that I took charge of find that death resulted from: Nature SIGNATURE	al causes 📇 , Accid	lent □, Suicide □		
23. BURIAL, CREMATION, DATE THEREOF REMOVAL (Specify): 10/30/55		y or crematory	LOCATION (City, town, or	Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGN	ace P. D.	24. FUNERAL DIR	rctor Funeral Service	ADDRESS Cambridg

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53



Dorchester Memorial Pk

24. FUNERAL DIRECTOR

Le Compte Funeral Service

Cambridge. Md.

ADDRESS

Cambridge

7S. A15 — 10 -

Burial

REGISTRAR

DATE REC'D BY LOCAL

VS. A15A - 5 - 53

## 9716 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

 $097250 \mathrm{ist.}$ 

### MEDICAL EXAMINER'S CERTIFICATE DEATH OF No. /16.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Dorchester MARYLAND	STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give agarest flown) River (in this place) TOWN	CITY (If outside corporate limits write RURAL and give nearest town) or Town Cambriage
HOSPITAL OR INSTITUTION OR Choptank River	STREET (If rural, give location) ADDRESS 107 Willis Street
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Dorothy Eurton To	(Last) 4. DATE (Month) (Day) (Year) OF DEATH Oct. 16, 1955 19
Female White Specify: Married Jan.	9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS. 5,1912 43 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of two ki	Golden Hill, Md. 12. CITIZEN OF WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John S.Burton	Gertrude Ruark
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: (Yes, no, or unk.) (If Yes, give war or dates of 16.00 10.61 CO.	17. INFORMANT & ADDRESS: Camp Pendleton, Cakifornia gt. Ronald E. Todd, U. F. M. C.
Immediate cause (a) Accidental DUE TO  Antecedent cause(s)  Diseases or conditions, if any, (b)  giving rise to the above cause DUE TO stating underlying cause last (c)  II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH	20. AUTOPSY?
21a. EXTERNAL CAUSE WAS PRIMARY El or CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	Yes   Not     21c. (City or town) (County) (State)     Nr. Cambrilge Dor.   1.1.     21f. How DID INJURY OCCUR?     Fell from boat.
22. I hereby certify that I took charge of the remains described find that death resulted from: Natural causes [], Accided SIGNATURE []  23. BURIAL CREMATION,   DATE THEREOF   NAME OF CEMETER	ed above, held an Autopsy [], Inspection [A], Inquiry [], and lent [A], Suicide [], Homicide [], Undetermined cause [].  CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM.  Y OR CREMATORY   LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 18,1955 VICEN Y have 14. C.	Cambridge, Md.  24. FUNERAL DIRECTOR Kenneth R. Thomas, Cambridge, Md.  ADDRESS

2 V U

# 9717 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09726 Reg. Dist.

EXAMINER'S No. 116 MEDICAL CERTIFICATE OF DEATH

10a. USUAL OCCUPATION (Give kind of work life, lob. KIND OF BUSINESS OR LIBERTHPLACE (State or foreign country):   12. CITIZEN OF WHINDUSTRY: work done during most of work life, lob. KIND OF BUSINESS OR LIBERTHPLACE (State or foreign country):   12. CITIZEN OF WHINDUSTRY: work done during most of work life, lob. KIND OF BUSINESS OR LIBERTHPLACE (State or foreign country):   12. CITIZEN OF WHINDUSTRY:   13. FATHER'S NAME:   14. MOTHER'S MAIDEN NAME:   14. MOTHER'S MAIDEN NAME:   15. WAS DECEASED EVER IN U.S. ARMED FORCES   16. SOCIAL SECURITY NO.:   17. INFORMANT & ADDRESS: Camp Pendleton, Californame   17. INFORMANT & ADDRESS: Camp Pendleton, Californame   18. MEDICAL CERTIFICATION   18. MEDICAL CERTIFICATION   18. MEDICAL CERTIFICATION   18. MEDICAL CERTIFICATION   19. DATE of OPERATION:   19. DATE OF OPERA			
CITY (If outside corporate limits, write RURAL LINGTH OF STAY COUNTY OWN of the Corporate limits, write RURAL LINGTH OF STAY TOWN Cambridge  ROSPITAL OR INSTITUTION OR INSTITUTION OF CAMBRIDES COUNTY OWN Cambridge  ROSPITAL OR INSTITUTION OR CAMBRIDGE CAMB			
ROSPITAL OR ROSPITAL ROSPITAL OR ROSPITAL	COUNTY DOTCHESTET MARYLAND	STATE Maryland COUNTY Dorchest	ter
Country   Coun	CITY (If outside corporate limits, write RURAL OR and give usagest townk River limits, place)		give nearest town)
DECRASED: OTTOPS OF Print)  Serv: OSAGE   COLOR OR   T. SINGLE, MARRIED.   S. DATE OF BIRTH: Male   COLOR OR   T. SINGLE, MIDOWED   DIVORCED.   S. DATE OF BIRTH: Male   COLOR OR   T. SINGLE, MIDOWED   DIVORCED.   S. DATE OF BIRTH: Male   COLOR OR   T. SINGLE, MARRIED.   S. DATE OF BIRTH: Months   Day   Months   Day   Months   Day   Hours   Minow   Months   Day   Hours   Months   Day   Hours   Minow   Months   Day   Hours   Day   Hours   Months   Day   Hours   Hours   Months   Day   Hours   Day   Hours	JNSTITUTION OR Chartenk River	A TO THE WAY TO SEE THE SEE TH	ł
Male   RACE   Specify)   Interest   Interest   Specify)   Interest   Interest   Specify)   Interest   Interest   Specify)   Interest   Intere	DECEASED: Woodrow Williams	75	
19th USUAL OCCUPATION (give kind of work done during most of work life, even if retired) Traveling Sale man for Hardware Cd. Toddville, Md.   13. FATHER'S NAME:	Male White Widowen Divorced, Jan. 8	3,1913 42 Months Da	
14. MOTHER'S MAIDEN NAME:   Charles M. Todd	10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OF work life, even if retired) Traveling Salesman for Hardware	R II. BIRTHPLACE (State or foreign country): 12. Co. Toddville, Md.	COUNTRY 7
16. WAS DECASED EVER IN U.S. ARMED FORCES   (Yes, no, or unk.)   (IYes, give war or dates of No   214-07-8365   Sgt.Rcnald E. Todd, U.S.M.C.			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:   INTERVAL BETWEE ONSET AND DEAT	Charles M. Todd	Ada Mills	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:   INTERVAL BETWEE ONSET AND DEAT	16. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS: Camp Pendleton	.Californi
Immediate cause  (a)	No service) No 214-07-8365		
Yes   No	DUE TO  Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c)  II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	l drowning	
21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING   21b. PLACE (Ilome, farm, factory, PRIMARY OF CONTRIBUTING   OF street, office bidge, etc., INJURY PIVER   Nr. Cambridge Dor. Md.  21d. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED While at Work   Fell from boat    22. I hereby certify that I took charge of the remains described above, held an Autopsy   Inspection   Inquiry  , ar find that death resulted from: Natural causes   Accident   Suicide   Homicide   Undetermined cause    SIGNATURE   CHIEF MEDICAL EXAMINER   DATE SIGNED    M. D. ASSISTANT MEDICAL EXAMINER   DATE SIGNED    23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY   LOCATION (City, town, or county) (State)    PRIMARY OF CONTRIBUTING   CHORN   COUNTY   COUNTY    SIGNATURE   CAMBRIDGE   CHIEF MEDICAL EXAMINER   DATE SIGNED    M. D. ASSISTANT MEDICAL EXAMINER   DATE SIGNED    CHIEF MEDICAL EXAMINER   DATE SIGNED    ASSISTANT MEDICAL EXAMINER   DATE	190. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		
CAUSE OF DEATH.  OF Street, pfice bidg., etc., Nr. Cambridge Dor. Md.  11d. Time (Month) (Day) (Year) (Hour) 21d. INJURY OCCURRED While at Work D Fell from boat  22d. I hereby certify that I took charge of the remains described above, held an Autopsy   Inspection   Inquiry   are find that death resulted from: Natural causes   Accident   Suicide   Homicide   Undetermined cause   CHIEF MEDICAL EXAMINER   DATE SIGNED DEPUTY MEDICAL EXAMINER   DATE SIGNED DATE SIGNED   ASSISTANT MEDICAL EXAMINER   DATE SIGNED    23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY   LOCATION (City, town, or county) (State)    PATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE   24. FUNERAL DIRECTOR   ADDRESS	21a. EXTERNAL CAUSE WAS   21b. PLACE (Ilome, farm, factory,	,   2ic. (City or town) (County)	
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at work property with the property of the remains described above, held an Autopsy , Inspection , Inquiry , at find that death resulted from: Natural causes , Accident, Suicide , Homicide , Undetermined cause chief medical examiner beputy medical examin	PRIMARY or CONTRIBUTING OF street, office bidg., etc.		
find that death resulted from: Natural causes   Accident   Suicide   Homicide   Undetermined cause    SIGNATURE  CHIEF MEDICAL EXAMINER DATE SIGNED  M. D. ASSISTANT MEDICAL EXAMINER   10/18/55  23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)  REMOVAL (Specify): Oct.19,1955   Dorchester Memorial Park   Cambridge, Md.  DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE   24. FUNERAL DIRECTOR ADDRESS	21d. TIME (Month) (Day) (Year) (Hour)   21c. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?	07
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS	find that death resulted from: Natural causes, Accident signature	dent; Suicide , Homicide , Undeter CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	mined cause []. DATE SIGNED 10/18/55
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	1 24. FUNERAL DIRECTOR	ADDRESS

BUREAU V. S.

9561 07 100

	7 9704 CERTIFICATE		No. 116
legibly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	
99	COUNTY Dorchester MARYLAND	STATE Maryland COUNTY Dorch	
and l	CITY (If outside corporate limits, write RURAL Control of STAY and give nearest town)  Cambridge  CITY (If outside corporate limits, write RURAL (in this place)	CITYIIf outside corporate limits, write RURAL a or rown Cambridge	nd give nearest town)
	HOSPITAL OR INSTITUTION OR Cambridge Maryland Hospital	STREET (If rural give location) ADDRESS 102 Franklin Stree	t /
death clearly	3. NAME OF (First) (Middle)  DECEASED: Henrietta Moore Gootee Willey	07	9 (Year) 19 55
to	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE	OF BIRTH: 9. AGE last birthday IF UNDER 1 Y	
causes	OA. USUAL OCCUPATION (Give kind of tops KIND OF BUSINESS work done during most of working life, even if retired): HOUSEWILE HOME	11. BIRTHPLACE (State or foreign country): 12.  Lakesville, Md. U	CITIZEN OF WHAT
aua	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
	Henry M. Moore	Zora Mc Namara	
	Yes, no or unk.) (If Yes, give war or dates of service)  18. Social Security No.  None	Claude S. Gootee Jr., 102 Fra Cambridge, Md.	nklin St.,
1	18. MEDICAL CERTIFICAT		INTERVAL BETWEEN
1	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
	420. A) Compation	heur Jalen	7day
4	ANTECEDENT CAUSE (6)	St 1	71
ı	GIVING RISE TO THE ABOVE CAUSE DUE TO	Untractured	- uugo
ı	STATING UNDERLYING CAUSE LAST.	.1	7
I	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	mass yere	
1	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	· ca	7 Oax
	19A DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N .	20. AUTOPSY1
ı			YES NO
	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (if either, hotify medical examiner)	tory. 21c. WHERE DID (City or town) (Count etc. INJURY OCCUR?	y) (State)
	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Work at work	2 21F. HOW DID INJURY OCCUR?	
	22. I hereby certify that I attended the deceased from Acceptance	, 195 to Cest 9 , 19 1 that I last	saw the deceased
		JUP M, from the causes and on the date	
	1)2000	D. Cambuda Mel Out	1015
	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	ERY OR CREMATORY   LOCATION (City, town, or	county) (State)
	Burial (SPECIFY) 10/12/55. Cambridge	Cemetary Cambridge, Md	
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Le Compte Funeral Service, Ca	Mbridge, Md.

